

00-R-1496

(Do Not Write Above This Line)

A RESOLUTION

BY FINANCE/EXECUTIVE COMMITTEE

A RESOLUTION AUTHORIZING THE MAYOR TO ENTER INTO THE FIRST RENEWAL AGREEMENT WITH BLUE CROSS BLUE SHIELD OF GEORGIA, INC.; UNITED HEALTHCARE OF GEORGIA; KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.-KAISER PERMANENTE; THE PRUDENTIAL HEALTHCARE PLAN OF GEORGIA, INC.; AND BLUE CROSS BLUE SHIELD OF GEORGIA, INC./GROUP INSURANCE ADMINISTRATION, INC., A JOINT VENTURE, AND OHS OF GEORGIA (FC7135-99); ESTABLISHING PREMIUM RATES FOR HEALTH AND DENTAL INSURANCE FOR 2001; AND FOR OTHER PURPOSES.

ADOPTED BY
OCT 16 2000

SUBSTITUTE

COUNCIL

- ☐ CONSENT REFER
☐ REGULAR REPORT REFER
☐ ADVERTISE & REFER
☐ 1st ADOPT 2nd READ & REFER
☐ PERSONAL PAPER REFER

Date Referred

Referred To:

Date Referred

Referred To:

Date Referred

Referred To:

First Reading

Committee _____
Date _____
Chair _____
Referred to _____

Committee <u>F.N.E. Sec</u>	Committee
Date <u>9-22-00</u>	Date
Chair	Chair
Action: Fav, Adv, Hold (see rev. side)	Action: Fav, Adv, Hold (see rev. side)
Other:	Other:
Members	Members
Refer To	Refer To

Committee <u>F.N.E. Sec</u>	Committee
Date <u>10-11-00</u>	Date
Chair <u>Forward N.O.</u>	Chair
Action: <u>Recommendation</u>	Action: Fav, Adv, Hold (see rev. side)
Other: <u>Substitute</u>	Other:
Members <u>Substitute</u>	Members
Refer To <u>Refer To</u>	Refer To

FINAL COUNCIL ACTION

☐ 2nd ☐ 1st & 2nd ☐ 3rd
Readings
☐ Consent ☐ V Vote ☒ RC Vote

CERTIFIED

CERTIFIED
OCT 16 2000

ATLANTA CITY COUNCIL PRESIDENT

Robert A. Pitts

CERTIFIED
OCT 16 2000

DEPUTY MUNICIPAL CLERK

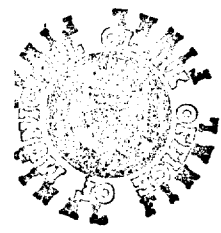
Fuller

MAYOR'S ACTION

APPROVED

OCT 24 2000

Alvin J. Williams



**CITY COUNCIL
ATLANTA, GEORGIA**

00-R-1496

A SUBSTITUTE RESOLUTION

BY EXECUTIVE AND FINANCE COMMITTEES

AUTHORIZING THE MAYOR TO ENTER INTO THE FIRST RENEWAL AGREEMENT WITH BLUE CROSS BLUE SHIELD OF GEORGIA, INC.; UNITED HEALTHCARE OF GEORGIA; KAISER FOUNDATION HEALTHPLAN OF GEORGIA, INC.-KAISER PERMANENTE; THE PRUDENTIAL HEALTHCARE PLAN OF GEORGIA, INC.; AND BLUE CROSS BLUE SHIELD OF GEORGIA, INC./GROUP INSURANCE ADMINISTRATION, INC., A JOINT VENTURE, AND OHS OF GEORGIA (FC7135-99); ESTABLISHING PREMIUM RATES FOR HEALTH AND DENTAL INSURANCE FOR 2001; AND FOR OTHER PURPOSES.

WHEREAS, the City of Atlanta has entered into a contract (FC-7135-99) with Blue Cross Blue Shield of Georgia, Inc.; United Healthcare of Georgia; Kaiser Foundation Health Plan of Georgia, Inc.- Kaiser Permanente; the Prudential Healthcare Plan of Georgia, Inc.; and Blue Cross Blue Shield of Georgia, Inc./Group Insurance Administration, Inc., a joint venture for health and dental insurance, and OHS of Georgia, subject to annual accounting and rate adjustments; and,

WHEREAS, said contract includes three one year options to renew; and,

WHEREAS, the contractor has performed satisfactorily; and,

WHEREAS, the Director of the Bureau of Purchasing and Real Estate and the Chief Financial Officer have recommended the execution of the first renewal agreement with Blue Cross Blue Shield of Georgia, Inc.; United Healthcare of Georgia; Kaiser Foundation Health Plan of Georgia, Inc.- Kaiser Permanente; the Prudential Healthcare Plan of Georgia, Inc.; and Blue Cross Blue Shield of Georgia, Inc./Group Insurance Administration, Inc., a joint venture for health and dental insurance, and OHS of Georgia;

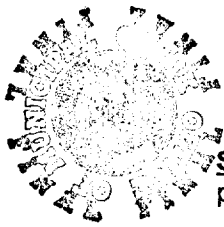
NOW THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF ATLANTA, GEORGIA, as follows:

SECTION 1: That the Mayor is authorized to enter into the first renewal agreement with Blue Cross Blue Shield of Georgia, Inc.; United Healthcare of Georgia; Kaiser Foundation Health Plan of Georgia, Inc.- Kaiser Permanente; the Prudential Healthcare Plan of Georgia, Inc.; and Blue Cross Blue Shield of Georgia, Inc./Group Insurance Administration, Inc., a joint venture for health and dental insurance, and OHS of Georgia for FC-7135-99 Group Health and Dental Insurance for one year beginning January 1, 2001 and ending December 31, 2001.

SECTION 2: That the Chief Financial Officer, the Director of the Bureau of Purchasing and Real Estate and the City Attorney are authorized to engage in such further discussions with these companies as are necessary to protect the City's interest.

SECTION 3: The City Attorney be and is hereby authorized to approve the renewal agreements as to form.

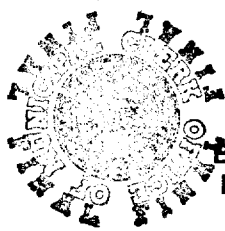
SECTION 4: That these renewal agreements shall not become binding on the city, and the City shall incur no liability upon same until such renewal agreements have been executed by the Mayor, sealed by the Municipal Clerk, and delivered to the contracting parties.



SECTION 5: That all services to be performed under these agreements shall be charged to and paid from the appropriate fund, account and center numbers.

SECTION 6: That the monthly premium rate for 2001 shall be as follows:

Blue Cross/Blue Shield Medical High Option	Total Cost	Employee Cost
<u>Without Medicare</u>		
Employees/Retirees Only	341.41	204.18
Employees/Retirees & Children	599.63	359.46
Employees/Retirees & Spouse	863.40	520.31
Employees/Retirees & Family	1120.96	668.09
Beneficiary Child(ren)	258.22	155.29
Beneficiary Widow(er)	521.99	316.14
Beneficiary Widow(er) and Child(ren)	779.56	463.92
<u>With Medicare</u>		
Retirees Only	290.20	170.50
Retirees & Children	548.42	339.64
Retirees & Spouse (1 Medicare)	812.19	474.89
Retirees & Spouse (2 Medicare)	733.90	434.08
Retirees & Family(1 Medicare)	1069.75	644.95
Retirees & Family (2 Medicare)	992.11	614.51
Beneficiary Child(ren)(Medicare)	-	-
Beneficiary Widow(er)(Medicare)	443.68	263.57
Beneficiary Widow(er) and Child(ren)	701.90	444.01
<u>Blue Cross/Blue Shield Medical Low Option</u>		
<u>Without Medicare</u>		
Employees/Retirees Only	290.20	152.97
Employees/Retirees & Children	509.67	269.50
Employees/Retirees & Spouse	733.90	390.81
Employees/Retirees & Family	953.36	500.49
Beneficiary Child(ren)	219.45	116.52
Beneficiary Widow(er)	443.68	237.83
Beneficiary Widow(er) and Child(ren)	663.17	315.64
<u>With Medicare</u>		
Retirees Only	246.68	126.98
Retirees & Children	466.15	257.37
Retirees & Spouse (1 Medicare)	690.36	353.06
Retirees & Spouse (2 Medicare)	623.81	323.99
Retirees & Family(1 Medicare)	909.85	485.05
Retirees & Family (2 Medicare)	843.27	465.67
Beneficiary Child(ren)(Medicare)	-	-
Beneficiary Widow(er)(Medicare)	377.13	197.02
Beneficiary Widow(er) and Child(ren)	596.61	338.72



**Blue Cross/Blue Shield PPO
High Option**

**Total
Cost**

**Employee
Cost**

Without Medicare

Employees/Retirees Only	249.38	112.15
Employees/Retirees & Children	437.99	197.82
Employees/Retirees & Spouse	630.65	287.56
Employees/Retirees & Family	818.79	365.92
Beneficiary Child(ren)	188.61	85.68
Beneficiary Widow(er)	381.27	175.42
Beneficiary Widow(er) and Child(ren)	569.42	253.78

With Medicare

Retirees Only	211.98	92.28
Retirees & Children	400.59	191.81
Retirees & Spouse (1 Medicare)	593.25	255.95
Retirees & Spouse (2 Medicare)	536.06	236.24
Retirees & Family(1 Medicare)	781.39	356.59
Retirees & Family (2 Medicare)	724.67	347.07
Beneficiary Child(ren)(Medicare)	-	-
Beneficiary Widow(er)(Medicare)	324.08	143.97
Beneficiary Widow(er) and Child(ren)	512.70	254.81

**Blue Cross/Blue Shield PPO
Low Option**

**Total
Cost**

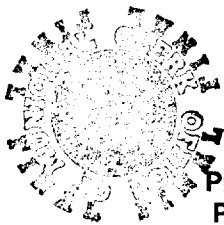
**Employee
Cost**

Without Medicare

Employees/Retirees Only	211.98	74.75
Employees/Retirees & Children	372.28	132.11
Employees/Retirees & Spouse	536.06	192.97
Employees/Retirees & Family	696.37	243.50
Beneficiary Child(ren)	160.30	57.37
Beneficiary Widow(er)	324.08	118.23
Beneficiary Widow(er) and Child(ren)	484.40	168.76

With Medicare

Retirees Only	180.18	60.48
Retirees & Children	340.50	131.72
Retirees & Spouse (1 Medicare)	504.26	166.96
Retirees & Spouse (2 Medicare)	455.65	155.83
Retirees & Family(1 Medicare)	664.58	239.78
Retirees & Family (2 Medicare)	615.95	238.35
Beneficiary Child(ren)(Medicare)	-	-
Beneficiary Widow(er)(Medicare)	275.47	95.36
Beneficiary Widow(er) and Child(ren)	435.78	177.89



**Prudential Healthcare
Plan, HMO**

**Total
Cost**

**Employee
Cost**

Without Medicare

Employees/Retirees Only	179.22	41.99
Employees/Retirees & Children	317.09	76.92
Employees/Retirees & Spouse	442.40	99.31
Employees/Retirees & Family	580.26	127.39
Beneficiary Child(ren)	137.87	34.94
Beneficiary Widow(er)	263.17	57.32
Beneficiary Widow(er) and Child(ren)	401.03	85.39

With Medicare

Retirees Only	161.30	41.60
Retirees & Children	299.17	90.39
Retirees & Spouse (1 Medicare)	427.47	90.17
Retirees & Spouse (2 Medicare)	398.16	98.34
Retirees & Family(1 Medicare)	562.34	137.54
Retirees & Family (2 Medicare)	522.23	144.63
Beneficiary Child(ren)(Medicare)	137.87	48.78
Beneficiary Widow(er)(Medicare)	236.86	56.75
Beneficiary Widow(er) and Child(ren)	360.92	103.03

Kaiser Permanente HMO

**Total
Cost**

**Employee
Cost**

Without Medicare

Employees/Retirees Only	175.05	37.82
Employees/Retirees & Children	306.34	66.17
Employees/Retirees & Spouse	437.63	94.54
Employees/Retirees & Family	577.67	124.80
Beneficiary Child(ren)	131.29	28.36
Beneficiary Widow(er)	262.58	56.73
Beneficiary Widow(er) and Child(ren)	402.62	86.98

With Medicare

Retirees Only	89.85	-
Retirees & Children	221.14	12.36
Retirees & Spouse (1 Medicare)	264.90	-
Retirees & Spouse (2 Medicare)	179.70	-
Retirees & Family(1 Medicare)	492.47	67.67
Retirees & Family (2 Medicare)	221.14	-
Beneficiary Child(ren)(Medicare)	131.29	42.20
Beneficiary Widow(er)(Medicare)	89.85	-
Beneficiary Widow(er) and Child(ren)	221.14	-

Kaiser Permanente POS

**Total
Cost**

**Employee
Cost**

Without Medicare

Employees/Retirees Only	182.98	45.75
Employees/Retirees & Children	320.19	80.05
Employees/Retirees & Spouse	457.45	114.36
Employees/Retirees & Family	603.83	150.96
Beneficiary Child(ren)	137.24	34.31
Beneficiary Widow(er)	274.47	68.62
Beneficiary Widow(er) and Child(ren)	420.85	105.21

Kaiser Permanente POS	Total Cost	Employee Cost
<u>With Medicare</u>		
Retirees Only	89.85	-
Retirees & Children	227.09	13.31
Retirees & Spouse (1 Medicare)	272.83	-
Retirees & Spouse (2 Medicare)	179.71	-
Retirees & Family(1 Medicare)	510.70	85.90
Retirees & Family (2 Medicare)	227.09	-
Beneficiary Child(ren)(Medicare)	137.24	48.15
Beneficiary Widow(er)(Medicare)	89.85	-
Beneficiary Widow(er) and Child(ren)	227.09	-

United Healthcare * Plan, HMO	Total Cost	Employee Cost
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<u>Without Medicare</u>		
Employees/Retirees Only	199.50	62.27
Employees/Retirees & Children	348.00	107.83
Employees/Retirees & Spouse	499.70	156.61
Employees/Retirees & Family	629.34	176.47
Beneficiary Child(ren)	148.37	45.44
Beneficiary Widow(er)	300.21	94.36
Beneficiary Widow(er) and Child(ren)	429.83	114.19

<u>With Medicare</u>		
Retirees Only	159.61	39.91
Retirees & Children	278.38	69.60
Retirees & Spouse (1 Medicare)	449.74	112.44
Retirees & Spouse (2 Medicare)	399.76	99.94
Retirees & Family(1 Medicare)	566.40	141.60
Retirees & Family (2 Medicare)	503.47	125.87
Beneficiary Child(ren)(Medicare)	118.79	29.70
Beneficiary Widow(er)(Medicare)	240.15	60.04
Beneficiary Widow(er) and Child(ren)	343.85	85.96

* United Healthcare has amended the following co-payments:

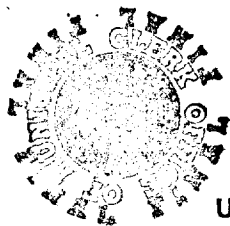
Generic \$7 increased to \$10

Preferred Drug List \$12 increased to \$20

All other prescriptions \$25 increased to \$50

\$300 deductible per confinement

United Healthcare Plus	Total Cost	Employee Cost
<u>Without Medicare</u>		
Employees/Retirees Only	270.38	133.15
Employees/Retirees & Children	471.61	231.44
Employees/Retirees & Spouse	677.18	334.09
Employees/Retirees & Family	852.89	400.02
Beneficiary Child(ren)	201.22	98.29
Beneficiary Widow(er)	406.83	200.98
Beneficiary Widow(er) and Child(ren)	582.49	266.85



United Healthcare Plus

Total Cost

Employee Cost

With Medicare

Retirees Only	216.31	96.61
Retirees & Children	377.27	168.49
Retirees & Spouse (1 Medicare)	609.49	272.19
Retirees & Spouse (2 Medicare)	541.75	241.93
Retirees & Family(1 Medicare)	767.59	342.79
Retirees & Family (2 Medicare)	682.32	304.72
Beneficiary Child(ren)(Medicare)	160.97	71.88
Beneficiary Widow(er)(Medicare)	325.46	145.35
Beneficiary Widow(er) and Child(ren)	465.98	208.09

Blue Cross/Blue Shield Dental Low Option

Total Cost

Employee Cost

Employees/Retirees Only	19.85	4.96
Employees/Retirees & Children	35.82	8.95
Employees/Retirees & Spouse	42.07	10.52
Employees/Retirees & Family	56.69	14.17
Beneficiary Child(ren)	15.97	3.99
Beneficiary Widow(er)	22.32	5.58
Beneficiary Widow(er) and Child(ren)	36.62	9.15

Blue Cross/Blue Shield Dental High Option

Total Cost

Employee Cost

Employees/Retirees Only	19.85	4.96
Employees/Retirees & Children	38.32	9.58
Employees/Retirees & Spouse	42.17	10.54
Employees/Retirees & Family	60.69	15.17
Beneficiary Child(ren)	18.48	4.62
Beneficiary Widow(er)	22.32	5.58
Beneficiary Widow(er) and Child(ren)	40.83	10.21

Oral Health Services Dental Plan

Total Cost

Employee Cost

Employees/Retirees Only	13.61	3.40
Employees/Retirees & Children	26.52	6.63
Employees/Retirees & Spouse	26.52	6.63
Employees/Retirees & Family	38.74	9.69
Beneficiary Child(ren)	26.52	6.63
Beneficiary Widow(er)	13.61	3.40
Beneficiary Widow(er) and Child(ren)	26.52	6.63



**Oral Health Services
Dental Plan Pre-Select**

	Total Cost	Employee Cost
Employees/Retirees Only	9.73	2.43
Employees/Retirees & Children	18.48	4.62
Employees/Retirees & Spouse	18.48	4.62
Employees/Retirees & Family	27.14	6.79
Beneficiary Child(ren)	18.48	4.62
Beneficiary Widow(er)	9.73	2.43
Beneficiary Widow(er) and Child(ren)	18.48	4.62

Section 7: That as a condition of renewal, the Office of Contract Compliance shall verify that the providers have complied with the Equal Business Opportunity/Equal Employer Opportunity "EBO/EEO" goals established for plan year 2000; and, will monitor compliance with "EBO/EEO" goals established for plan year 2001.

Section 8: That Section 2-1455 of the Atlanta City Code of Ordinances is hereby incorporated by reference in its entirety.

A true copy,


Deputy Clerk

**ADOPTED by the Council
APPROVED by the Mayor**

OCT 16, 2000
OCT 24, 2000

RCS# 2317
10/16/00
6:36 PM

Atlanta City Council

Regular Session

00-R-1496 Enter 1st Renewal Agree. to est. premium
rates for 2001 Health & Dental Insurance
ADOPT AS SUB

YEAS: 11
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 3
EXCUSED: 1
ABSENT 1

Y McCarty	Y Dorsey	NV Moore	Y Thomas
Y Starnes	Y Woolard	B Martin	Y Emmons
Y Bond	Y Morris	Y Maddox	E Alexander
Y Winslow	NV Muller	Y Boazman	NV Pitts

00-R-1496